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Emergency pancreatoduodenectomy for severe iatrogenic duodenal injury – case report

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Abstract
We present the case of a male patient admitted for high flow biliary fistula (>2000 ml / 24h) as a consequence of a prior right nephrectomy by lumbar approach. The patient was operated after the failure of the medical conservative treatment and continous declining medical status. We noted the complete absence of the gastric antrum, duodenum I and II with the intraperitomeal direct display and opening of the Vater papilla, witch was difficult to identify unless common bile duct (CBD) was catheterized by supraduodenal choledocotomy. We performed emergency pancreatoduodenectomy with a good postoperative outcome , excepting a residual postnephrectomy abscess, witch was consequently evacuated and drained. The patient left the clinic 28 days postoperatively. The two years after follow up notes that the patient is în a good condition
Key words: emergency pancreatoduodenectomy, iatrogenic duodenal injury

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